

A Type of entity (see instr.): <input type="checkbox"/> Decedent's estate <input type="checkbox"/> Simple trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Qualified disability trust <input type="checkbox"/> ESBT (S portion only) <input checked="" type="checkbox"/> Grantor type trust <input type="checkbox"/> Bankruptcy estate-Ch. 7 <input type="checkbox"/> Bankruptcy estate-Ch. 11 <input type="checkbox"/> Pooled income fund	For calendar year 2005 or fiscal year beginning _____, 2005, and ending _____, 20____ Name of estate or trust (If a grantor type trust, see page 12 of the instructions.) JOHN CORNING WARE Name and title of fiduciary JOHN O PUBLIC TRUST Number, street, and room or suite no. (If a P.O. box, see page 12 of the instructions.) PO BOX 428 City or town, state, and ZIP code CAMBRIDGE MA 02141	C Employer identification number 40-7777777 D Date entity created 12-23-1992 E Nonexempt charitable and split-interest trusts, check applicable boxes (see page 13 of the instr.): <input type="checkbox"/> Described in section 4947(a)(1) <input type="checkbox"/> Not a private foundation <input type="checkbox"/> Described in section 4947(a)(2) <input type="checkbox"/> Change in trust's name <input type="checkbox"/> Change in fiduciary's address
B Number of Schedules K-1 attached (see instructions) 1	F Check applicable boxes: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Change in fiduciary <input type="checkbox"/> Change in fiduciary's name	

G Pooled mortgage account (see page 14 of the instructions): ☐ Bought ☐ Sold Date: _____

I n c o m e	1	Interest income	1	
	2 a	Total ordinary dividends	2a	
	b	Qualified dividends allocable to: (1) Beneficiaries _____ (2) Estate or trust _____		
	3	Business income or (loss) (attach Schedule C or C-EZ (Form 1040))	3	
	4	Capital gain or (loss) (attach Schedule D (Form 1041))	4	
	5	Rents, royalties, partnerships, other estates and trusts, etc. (attach Schedule E (Form 1040))	5	
	6	Farm income or (loss) (attach Schedule F (Form 1040))	6	
	7	Ordinary gain or (loss) (attach Form 4797)	7	*****
	8	Other income. List type and amount _____	8	*** See ***
	9	Total income. Combine lines 1, 2a, and 3 through 8	9	*** Grantor ***
D e d u c t i o n s	10	Interest. Check if Form 4952 is attached <input type="checkbox"/>	10	*** Statement ***
	11	Taxes	11	*****
	12	Fiduciary fees	12	
	13	Charitable deduction (from Schedule A, line 7)	13	
	14	Attorney, accountant, and return preparer fees	14	
	15 a	Other deductions not subject to the 2% floor (attach schedule)	15a	
	b	Allowable miscellaneous itemized deductions subject to the 2% floor	15b	
	16	Add lines 10 through 15b	16	
	17	Adjusted total income or (loss). Subtract line 16 from line 9	17	
	18	Income distribution deduction (from Schedule B, line 15) (attach Schedules K-1 (Form 1041))	18	
	19	Estate tax deduction (including certain generation-skipping taxes) (attach computation)	19	
T a x a n d P a y m e n t s	20	Exemption	20	
	21	Add lines 18 through 20	21	
	22	Taxable income. Subtract line 21 from line 17. If a loss, see page 20 of the instructions	22	
	23	Total tax (from Schedule G, line 7)	23	
	24	Payments: a 2005 estimated tax payments and amount applied from 2004 return	24a	
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	c	Subtract line 24b from line 24a	24c	
	d	Tax paid with Form 7004 (see page 20 of the instructions)	24d	
	e	Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/>	24e	
	f	Other payments: f Form 2439 _____; g Form 4136 _____; Total ▶	24h	
25	Total payments. Add lines 24c through 24e, and 24h	25		
26	Estimated tax penalty (see page 20 of the instructions)	26		
27	Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27		
28	Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28		
29	Amount of line 28 to be: a Credited to 2006 estimated tax ▶ ; b Refunded ▶	29		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary _____	Date _____	EIN of fiduciary if a financial institution _____
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May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No

Paid Preparer's Use Only	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN _____
	Firm's name (or yours if self-employed), address, and ZIP code _____	EIN _____		Phone no. _____

Statement of Income, Deductions, and Credits Attributed to Grantor**2005**

Tax Year Ended

THIS IS A GRANTOR TRUST UNDER IRS SS. 671 - 678.**12-31-2004**

Name of trust

Trust Tax ID Number

JOHN CORNING WARE**40-7777777**

Grantor (or Beneficiary) Treated as Owner: FIONA SHREK
Grantor (or Beneficiary) Tax ID Number: 770-00-0002
Grantor (or Beneficiary) Address: 775 EAST HYPOLUXO HEIGHTS
SOUTH EASTON MA 02375

**ITEMS OF INCOME, DEDUCTION, AND CREDIT ATTRIBUTED TO
GRANTOR TREATED AS OWNER**

QUALIFIED DIVIDENDS	250
INTEREST (MASSACHUSETTS BANK)	600
SHORT-TERM CAPITAL GAINS	3,005
SHORT-TERM CAPITAL LOSSES	1,134
LONG-TERM CAPITAL GAINS	21,310

All items of income, deduction, and credit shown on this statement must be included in the taxable income of the grantor (or beneficiary) treated as the owner.

2005 Form 2G **MA0502811024**

Grantor's/Owner's Share of a Grantor-Type Trust

Year beginning ► ► Ending

FIONA SHREK **770-00-0002**
MA
775 EAST HYPOLUXO HEIGHT **SOUTH EASTON** **MA 02375**
JOHN Q PUBLIC TRUST **40-7777777**
JOHN CORNING WARE

PO BOX 428 **CAMBRIDGE** **MA 02141**

Select applicable items: ► ☒ Grantor-type trust ► Pooled income fund ► Charitable remainder annuity trust
► Charitable remainder unitrust Other

1. Dividends	► 1	250
2. Interest from corporate bonds or notes	► 2	
3. Non-Massachusetts state and municipal bond interest	► 3	
4. Other interest income	► 4	600
5. Interest from U.S. obligations	► 5	
6. Short-term capital gains	► 6	3005
7. Short-term capital losses	► 7	1134
8. Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	► 8	
9. Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	► 9	
10. Long-term capital gains or losses	► 10	21310

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Signature of fiduciary Date Print paid preparer's name Paid preparer's SSN or PTIN

Title Paid preparer's phone Paid preparer's EIN

Paid preparer's signature Date Check if self-employed

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

01-26-2006 17:39:18

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MA0502821024

Grantor's/Owner's Share of a Grantor-Type Trust

770-00-0002

FIONA SHREK

11. Massachusetts long-term capital gain or loss included in U.S. Form 4797, Part II	▶ 11
12. Long-term gains on collectibles and pre-1996 installment sales	▶ 12
13. Short-term capital gain or loss differences	▶ 13
14. Long-term capital gain or loss differences	▶ 14
15. Massachusetts bank interest	▶ 15
16. Net rental and royalty income or loss	▶ 16
17. Business/profession or farm income or loss	▶ 17
18. Partnership or S corporation income or loss	▶ 18
19. Other income	▶ 19
20. Short-term carryover losses	▶ 20
21. Other adjustments	▶ 21
22. Massachusetts income tax paid by trustee Grantor or beneficiary enter this amount on Form 1, line 35 or Form 1-NR/PY, line 40. Also, enter the entity's identification number to the left of line 35 or 40	▶ 22

600

BE SURE TO SIGN RETURN ON PAGE 1